Clinic Note

Date of Service: 06/14/2012 0:00:00
Authored By: Kundu, Anjana , MB BS

Pain Medicine Clinic Outpt Report

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OUTPATIENT NOTE

[redacted] F -MR #: [redacted]

CLINIC: PAIN MEDICINE

DATE OF SERVICE: 06/14/2012

REASON FOR VISIT: Multidisciplinary evaluation for the back pain. [redacted] was evaluated by Dr. Hilda Campbell, pain psychologist, Cherie Duval, occupational therapist, and myself.

HISTORY OF PRESENT ILLNESS: [redacted] is an [redacted]-year-old female who has a history of tethered cord status post detethering, Chiari malformation status post Chiari decompression surgery. She is experiencing lower back pain which is located in the lumbar area as well as history of headaches which she describes to be located in her temples and history of pain in her legs described as tingling pain. [redacted] reports that her back pain is constant, and described as pins and needles and is worsened by riding in the car for long periods of time leaning forward, sitting for long periods in school or standing for a long time. As a general rule, doing too much of anything is related with worsening of her pain symptoms. She reports that her back pain is generally constant as is leg pain; however, her headache is intermittent, located in the temples although occurs on almost daily basis. Mother reports that her pain may be worse during growth periods and it is during these periods that it is hard to manage. In between, it is more manageable. They deny any diurnal variation of her pain symptoms. She is scheduled for a sleep evaluation and did have a sleep study in local area where she was diagnosed with periodic leg movement disorder. She has an appointment with Sleep Clinic at Seattle Children's tomorrow. She also reports the sensation of muscle tightness in her back which again would gets worse with activity or prolonged sitting, standing, or walking. She has previously done physical therapy which was not described as very helpful, but she has tried massage therapy which has provided temporary relief. She has also tried ice packs, which are not helpful. Heat packs help a little. She also takes ibuprofen as needed and finds it somewhat helpful for management of her pain symptoms. She feels better with swimming as compared to walking or running. Typically, [redacted] mother will try to manage her pain with comfort measures such as heat packs, rubbing and subsequently ibuprofen. If this does not help, they will occasionally use diazepam, especially when she is experiencing muscle tightness in her back. She will only use this approximately 1-2 times for a month, and very rarely she may use a dose of oxycodone.

Headache: As noted earlier, her headache is intermittent, although occurs on a daily basis, located in the temples. She also describes this pain to be pins and needles. It occurs more associated with fatigue and tiredness. She denies any headache today, but does report that the headache may last all day or even night. Despite her pain, she tries to do as much as possible. She tries to do everything that her brother does who is her twin brother. She also has a history of bilateral lower extremity pain described as tingling pain which

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occurs mostly below her knees and extension of the plantar aspect of her feet. She also describes a sensation "water leaking in my back and down to her legs." She also describes pins and needles sensation, and some occasional numbness. She denies any weakness, although finds it hard to do activities after prolonged periods and her current pain symptoms.

ALLERGIES: Latex precautions. No known allergies.

MEDICATIONS:
1. MiraLAX as needed.
2. Oxycodone as needed.
3. Diazepam as needed.
4. Ibuprofen as needed, takes a couple of times a week.

PAST MEDICAL HISTORY: Pertinent positives include history of tethered cord, status post detethering. History of Chiari malformation with decompression in April 2008. Subsequently, unfortunately she developed arachnoiditis and a syrinx. Her last surgery was on 5/15/2012.

FAMILY HISTORY: Pertinent positives include history of anxiety and panic disorder in mother and history pain disorders in the family.

SOCIAL HISTORY: She is a resident of Idaho. She has a twin brother who is normal. Her father is an electrician. Mom is a homemaker. She is going into [redacted] but has missed approximately 25 days of school, partially related to surgery but has had to come home early because of pain. Her pain is definitely interfering with her schooling. She likes art, health. She also helps a kindergarten teacher. Since she started helping her kindergarten teacher, she has had increased visits to her school nurse. She hopes to be able to do gymnastics and Dr. Ellenbogen has certainly encouraged her with that. Sleep: As reported earlier, she was diagnosed to have periodic limb movement disorder and she may find it hard to get a comfortable position the reports increased latency for approximately 1 hour, but normally will get a good night's sleep once asleep.

REVIEW OF SYSTEMS: Pertinent positives include history of occasional fatigue, especially after increased activity. Denies any visual changes. She has constipation but managed by MiraLAX. No diarrhea, no abdominal pain. She reports occasional history of dizziness where she feels like she is about to fall down. This usually passes pretty quickly. It is not necessarily associated with her headaches. She does have a history of headache as noted earlier. The rest of the review of systems is negative.

PHYSICAL EXAMINATION: [redacted] is alert, awake, oriented. She is extremely bright and pleasant young lady. Weight is 29 kg, pulse 85, blood pressure 104/64. Pain score is 2-3/10 in her back and legs. No headache today. HEENT: Normocephalic, atraumatic. Extraocular movements are intact. Oral mucosa is pink and moist. Uvula is midline. Tongue is also midline with healthy dentition. Eyes: Conjunctivae and lids are normal. Extraocular muscle movements are intact. Pupils are reactive to light. Neck is supple with a well-healed scar from her surgery and some tightness along the trapezii. Skin: Dry and intact. There is also tenderness in bilateral temporalis muscles. Skin: Dry and intact without rashes or lesions. Respiratory: Clear to auscultation, no wheezing. Cardiac: Regular rate and rhythm, no murmurs, normal radial pulse, no edema. Abdomen: Soft, nontender, nondistended. Musculoskeletal: There is no clubbing, digital pallor, or cyanosis.

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There is normal strength and tone in upper and lower extremities. She does have evidence of hypermobility, especially hyperextension at both knees as well as elbows. Her motor strength in upper and lower extremities is symmetrical. Muscle strength is 5/5, good grip strength on both sides. She does have normal balance and gait coordination. She has normal sensation for the most part except with light touch in her lower extremities below her knees, she endorses some dysesthesias. Surgical scars are well-healed without any evidence of dysesthesia at the surgical site.

ASSESSMENT: [redacted] is an [redacted]-year-old pleasant young female with history of tethered cord, status post detethering complicated by arachnoiditis and development of syringomyelia requiring decompression surgery. Subsequently, she has been experiencing neuropathic pain as well as headaches. She also had some evidence of hyperextension. After multidisciplinary evaluation, the following recommendations were presented to her mother.

PLAN:
1. Medication management given her periodic limb movements as well as neuropathic pain. She would be a good candidate for initiating gabapentin therapy. Therefore, a prescription for gabapentin was provided. She will start at 25 mg at bedtime and then increasing by half mL until a dose of 15 mg p.o. b.i.d. She will continue the rest of her medications as previously used. She can continue massage therapy.
2. She was also felt to be an excellent candidate for learning some pain coping strategies such as progressive muscle relaxation, deep abdominal breathing, and imagery, however, there are limited resources in their area. The family was encouraged to return to this provider when possible or maybe exploring the possibility of providing this facility to her family through telemedicine sites.
3. She is encouraged to gradually increase her intensity for gymnastics, which she starts on Tuesday, and to take it easy. Her other physical recommendations include stretching and getting her up in class during her class time, making accommodations for mobility during class time. She was encouraged to continue swimming. The possibility of alternative seating in the classroom was also discussed and a physical therapy program geared more towards increasing overall endurance is recommended. Followup will need to occur through telemedicine or in 3 months' time.

Electronically Authenticated by
Anjana Kundu, MB BS 07/25/2012 08:55 A

Anjana Kundu, MB BS DA , Attending Physician, Pain Management

AK/c35 Doc #2614744 d: 07/22/2012 05:47 P t: 07/24/2012 04:47 P (1332757-) Location: PMC
cc: Lindsey A Price, ARNP
Ronda L Westcott, MD

Physical/Occupational

Date of Service: 06/14/2012 0:00:00
Authored By: Duval-White, Cherie J, OT

OUTPATIENT OT Therapy (PT/OT)

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OUTPATIENT OT NOTE

[redacted]
DOB: [redacted] F -MR # [redacted]

DATE OF SERVICE: 06/14/2012

HISTORY: [redacted] is an [redacted]-year-old female with a history of tethered cord, status post surgical correction and status post correction for Chiari malformation type 1. She arrives today for a brief occupational therapy evaluation as part of her participation in the Pain Management Clinic. Her mother reports that since the time of the tethered cord release approximately 4 years ago that [redacted] has had a history of pain. [redacted] endorses low back pain in the area of a well-healed surgical scar that radiates laterally both to the right and to the left and then she also endorses a tingling, burning and a dripping sensation radiating down her bilateral legs. Today at rest [redacted] stated her pain was at 2/10, but states that it can increase significantly to a 9/10. Additionally, [redacted] mother also endorses that she has a diagnosed sleep disorder including excessive lower limb movements. Both [redacted] and her mom state that ice does not help her pain, but heat helps relieves the pain somewhat and rest also helps. They state that generally when she is experiencing pain flares their first response is to try over-the-counter pain medication, rest and heat and that as a last resort they do have some prescription strength pain medication available, but they try to use this very sparing.

OBJECTIVE: Active and passive range of motion bilateral upper and lower extremities appear grossly within normal limits with some hypermobility noted at the elbows, hips, and at the knees. When standing at rest [redacted] was noted to slightly hyperextend and lock at the knees. Upper extremity manual muscle testing demonstrated strength of 5/5 throughout and lower extremities were tested grossly and appeared equivalent. Grip strength was within normal limits and symmetrical. At this time she does not have any difficulties performing age-appropriate activities of daily living including dressing, bathing, or grooming. They also stated that warm baths tend to help, especially with the lower extremity pain and sensation changes.

At this time [redacted] is in the [redacted] grade and reportedly doing well. She does have an IEP for speech (for articulation) and included in that IEP is a health plan. The school is currently working with [redacted] and her family to develop a plan for pain coping and to allow for more proactive supports prior to pain flares. [redacted] endorsed that she wants to return to more active play and was recently cleared by her primary physician here at Seattle Children's main campus to participate in a gymnastics class. Mother also endorsed that swimming can be a helpful activity and that she does have some difficulty keeping up with peers and her [redacted]-year-old twin brother.

Physical/Occupational

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Authored By: Duval-White, Cherie J, OT

[redacted] was observed today to be able to skip with a mature pattern. She also was able to walk tiptoe 50 feet, demonstrating good form and no excessive fatigue. She was able to demonstrate bear walking, also with good form for 50 feet and crab walking, also with good form and no complaint of upper or lower extremity pain.

Limited physical examination of her bilateral upper and lower extremities appeared grossly within normal limits with no obvious anatomical anomalies or asymmetries noted. She was intact to light touch and 2-point discrimination on direct testing and endorsed changes in sensation as noted previously, which includes tingling or crawling sensation in her bilateral lower extremities, especially evident during times of pain flares in her low back.

ASSESSMENT AND RECOMMENDATIONS: [redacted] is a charming, developmentally appropriate-appearing [redacted]year-old female with a greater than 4-year history of back and lower extremity pain who could benefit from the following recommendations:
1. [redacted] is currently connected with an outpatient physical therapy provider in her home community of Hayden Lake, Idaho. It is recommended that she continue working with her familiar provider incorporating some activities to promote age-appropriate activity tolerance for return to more active play and participation in activities such as gymnastics. It is recommended that a balanced approach of endurance, weightbearing and more passive modalities be planned for [redacted].
2. [redacted] may benefit from occupational and physical therapy consultation at school as her pain coping plan is developed. It is encouraged that the occupational or physical therapists explore alternative or supportive types of seating, develop a plan for stretching and a proactive plan for movement breaks. Alternative seating could include the use of a sit-and-move cushion, a DynaDisc, or the use of a therapy ball for seating. Today a foam wedge was trialed with fair success.
3. As [redacted] plan is developed it may be helpful to incorporate regular "jobs" to allow for movement breaks without drawing undue attention to [redacted] pain challenges. This might include assigning [redacted] to do movement-based activities throughout seated work periods such as sharpen pencils or retrieve for deliver materials to the office to allow for short periods of walking.

It has been a pleasure working with [redacted] and her mother today. If I can be of any assistance in providing any suggestions for her community-based physical therapist in the context of pain or her school-based team supporting accommodations, I can be reached directly at 206-987-1361.

Electronically Authenticated by
Cherie J Duval-White, OT 06/18/2012 02:51 P

Cherie J Duval-White, OT , Occupational Therapist

CDW/c07 Doc #2570675 d: 06/14/2012 02:59 P t: 06/15/2012 02:55 P (1301700-)
cc:

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Date of Service: 06/14/2012 0:00:00
Authored By: Campbell, Hilda M, PhD

Psych/ Psychology Clinic

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PSYCHIATRY/ PSYCHOLOGY CLINIC NOTE

[redacted]
DOB: [redacted] F -MR #: [redacted]
LOCATION: PMC

DATE OF SERVICE: 06/14/2012

TOTAL TIME OF VISIT: 60 minutes were spent meeting with [redacted] and her mother.

CHIEF COMPLAINT: [redacted] was referred by the Neurology Clinic for increased back pain.

HISTORY OF PRESENT ILLNESS: [redacted] is an [redacted]-year-old female from Idaho, who has a history of a Chiari malformation status post decompression, status post spinal cord detethering, as well as a history of increased intracranial pressure, syrinx, and arachnoiditis. As part of our multidisciplinary evaluation today, [redacted] was seen by this provider for the Pain Psychology portion. In addition, [redacted] was seen by our pain physician, Dr. Anjana Kundu, as well as our occupational therapist, Cherie Duval-White.

[redacted] main pain concern was primarily her lower back. Secondly, she is also concerned about headaches and, thirdly, she has pain in both her legs. [redacted] described her back pain as pins and needles and that it is constant. On the other hand, her headaches are more intermittent, although typically she will have a headache at least 1 time a day. She described her headaches as "muscle pain," "pins and needles," and "it just hurts." She describes that her pain primarily is located near her temples bilaterally. [redacted] also described that her legs tend to have a tingling sensation and that her leg pain tends to hurt more when she has walked a lot.

Today, [redacted] mother stated that they are interested in looking at alternative strategies to help her cope with her pain. Her pain has interfered with her ability to stay in school. In addition, her pain tends to affect her focus and her concentration. Due to her pain being severe, [redacted] frequently is going to the school nurse.

Leaning over for a longer period of time, such as doing her homework, tends to increase her back pain. Any sort of sustained sitting or standing, which can be particularly problematic at school, tends to increase her pain. The school has been trying to work with [redacted] and her mother to help her address her pain in school, including trying to break up her daily schedule to allow her to get up and stretch as frequently as possible.

[redacted] has tried weekly massage, which has provided some temporary relief. She has gone to physical therapy once a week, which did not help.

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Authored By: Campbell, Hilda M, PhD

Typically, [redacted] takes Ibuprofen or rests in order to manage her pain. As a very last resort, she will take diazepam, although mother reports that this only occurs 1-2 times monthly. Even rarer is that she takes oxycodone but this only occurs when her pain is very severe. Again, this occurs no more than 1-2 times monthly. Mother reports that the oxycodone is less frequently used than the diazepam. She previously was on hydrocodone, which caused headaches.

In terms of sleep, [redacted] is scheduled for a Sleep Clinic evaluation tomorrow. Apparently she has a diagnosis of periodic leg movement disorder which appears to cause lots of muscle twitching during the night. Mother reports that this disorder is commonly associated with arachnoiditis. As a result of her muscle twitching and her back pain, she frequently wakes up at night. Her bedtime usually is at 8:00 p.m. She wakes up at 7:00 a.m. on school days and then she wakes up between 8:00 and 9:00 a.m. on the weekends.

In terms of coping, [redacted] denied any worries or anxieties about her pain. Mother describes that [redacted] mood is quite even. [redacted] denied any symptoms of depression. She denied any ongoing sadness. [redacted] described that stretching usually helps her with coping with her pain and that playing with her friends tends to distract her. She goes to the nurse when needed at school to help her cope. [redacted] reports that sometimes just talking to the nurse can help as it is distracting. She also will try resting or heat to help manage her pain at school.

PAST MEDICAL HISTORY: [redacted] has been followed by Dr. Ellenbogen in Neurosurgery since the age of 4. As stated above, she has a history of Chiari malformation status post decompression, status post spinal cord detethering, history of syrinx, and arachnoiditis.

PSYCHIATRIC HISTORY: None.

SOCIAL HISTORY: [redacted] currently lives with her parents and [redacted]-year-old twin brother [redacted] has gotten clearance from Neurosurgery to start gymnastics on Tuesday. [redacted] has a very good group of friends who also are quite protective of her when she is not feeling well. Mother also reported that [redacted] has a friend at her school who also has similar medical issues. Mother denied that there have been any major stressors at home aside from [redacted] pain.

EDUCATIONAL HISTORY: [redacted] currently is finishing up the [redacted]nd grade at Hayden Meadows. She has missed approximately 25 days of school as a result of her pain. Mother reports that [redacted] really likes school and when she started to ask about being home schooled that she realized how much impact [redacted] pain has had on her. [redacted] stated that she loves art, music, PE (physical education) and library. She does have an individual education plan, both for her medical issues and for speech. She does see a speech therapist twice a week.

FAMILY HISTORY: Mother has a history of anxiety and panic attacks. No pain disorders were reported.

MENTAL STATUS EXAMINATION: [redacted] presented as a very delightful and friendly girl who was neatly groomed and appropriately dressed. She was somewhat thin. She readily engaged in the evaluation today. She often needed to switch positions from sitting to standing. Mother reports that this is a quite common in

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Authored By: Campbell, Hilda M, PhD

order to help her manage her pain. Her affect was appropriate. Her mood appeared cheerful. Her thought processes were linear and goal directed. Her insight and judgment appeared to be age-appropriate.

CLINICAL IMPRESSION: [redacted] is an [redacted]-year-old female who has come to the Pain Management Clinic today for increased back pain. She has a history of Chiari malformation status post decompression, status post spinal cord detethering, as well as a history of a syrinx and arachnoiditis. Her increased pain has significantly affected her ability to attend school as well as also affected her ability to attend and concentrate. Her pain has also affected her sleep. Psychologically, [redacted] presents as an extremely resilient child who does not endorse any depressive or anxiety symptoms today. Mother was in full agreement with this. Based on our team's evaluation, it appears that [redacted] is presenting with neuropathic pain related to her Chiari. She also appears to have some significant sleep issues related to her periodic leg movement disorder which is being addressed through the Sleep Clinic. [redacted] would be an excellent candidate for learning some pain coping strategies such as progressive muscle relaxation, deep abdominal breathing and imagery. However, the major barrier is that the family is from Idaho and therefore it is difficult for them to return to see this provider. However, our team is exploring the possibility of seeing [redacted] through on one of our telemedicine sites. We will need to get back to the family on whether or not this is a possibility.

Electronically Authenticated by
Hilda M Campbell, PhD 07/16/2012 01:04 P

Hilda M Campbell, PhD , Attending Psychologist

HMC/sh Doc #2574694 d: 06/19/2012 06:01 P t: 06/19/2012 06:44 P (1305733-)
cc:

Clinic Note

Date of Service: 06/12/2012 0:00:00
Authored By: Weiss, Avery H, MD

Ophthalmology Clinic Outpt Report

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OUTPATIENT NOTE

[redacted]
DOB: [redacted] F -MR #: [redacted]

CLINIC: OPHTHALMOLOGY

DATE OF SERVICE: 06/12/2012

[redacted] is an [redacted]-year-old child seen in consultation in the Pediatric Ophthalmology Clinic on 6/12/2012 at the request of Lindsey Price, ARNP, in Neurosurgery. This child has a complicated history, but basically she is here today because she has previously had a decompression of an Arnold-Chiari malformation type 1 by Dr. Ellenbogen in October 2008, at which time she had a syringomyelia. She had a craniectomy in the posterior fossa with C1 laminectomy and has done well until she developed low-pressure hydrocephalus. Then, subsequently, she developed pseudotumor and underwent a lumboperitoneal shunt. This was followed by low pressure, so it was removed and she has done fine. Her initial problems began when she was jumping in a jump house on her [redacted] birthday. All of a sudden, she complained of headache and loss of vision in both eyes that lasted for about 1 minute. She was brought to a local emergency room and noted to have an Arnold-Chiari malformation type 1, with a tethered cord. She had repair of the tethered cord first and the mother relates everything fell apart after that.

Recently, she was seen by an eye care person who voiced concern that her optic nerve was not normal, but it looked damaged, and that prompted Dr. Ellenbogen to referred the child to Ophthalmology.

HISTORY: This child was born at 36-3/7 weeks' gestation, birth weight 5 pounds 5 ounces. She was discharged on day 1. Attainment of milestones has been normal. She sat at 6 months, walked at 11 months, talked at 1 year.

She lives with her parents in Hayden, Idaho. She has a twin brother. They are both in the [redacted] grade and [redacted] loves art and drawing.

PHYSICAL EXAMINATION: Vision is 20/20-20/15 on the right, 20/15 on the left. Refraction plano +1.00 at 90 in each eye. External exam reveals an alert, normal-appearing, well-developed, well-nourished child. Motility: EX=Ortho. EX prime=Ortho. Versions normal. Gaze holding stable. Acquires eccentric targets with saccades. Tracks slowly moving targets with smooth eye movement. Stereoacuity 40 arc seconds. Pupils 3 mm, round, and reactive to light. Slit lamp exam normal. Dilated fundus exam: Disks, vessels, macula normal.

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Authored By: Weiss, Avery H, MD

Other tests: OCT (optical coherence tomography): Nerve fiber layer right eye superiorly is 135 microns, left eye 119 microns. Temporally, right eye 58 microns, left eye 53 microns. Nasally, right eye 90 microns, left eye 105 microns. Inferiorly, right eye 122 microns, left eye 134 microns.

IMPRESSION: Normal optic nerves and normal optic nerve function. This child's visual acuity and optic nerves are completely normal. The OCT indicates that her nerve fiber layer is normal. We have no concerns about papilledema or optic nerve damage related to any of her previous history of increased intracranial pressure. Overall, she looked great. Her gaze holding and conjugate eye movements are normal. We have no concerns.

Electronically Authenticated by
Avery H Weiss, MD 06/15/2012 05:59 A

Avery H Weiss, MD , Attending Physician, Ophthalmology

AHW/an Doc #2568342 d: 06/12/2012 06:04 P t: 06/14/2012 09:40 A (1299852-) Location: OPH
cc: Lindsey A Price, ARNP
Ronda L Westcott, MD